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Marijuana as “Medicine” in Iowa?

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**On the question of smoking marijuana as medicine, science matters.
The consensus of medical evidence does not support the premise of “medical marijuana.”
Chronically ill Iowans merit compassion, but the safety of all Iowans is paramount.**

Iowa Facts

Marijuana is the most used illicit drug by Iowa teens. 26% of Iowa 11th graders say they’ve used marijuana. [Iowa Youth Survey, 2010]

Marijuana is the most common form of substance abuse among Iowa youth and adults. Over two-thirds (65%) of Iowa juveniles and nearly one-fourth (22%) of Iowa adults in treatment say marijuana is their primary substance of abuse. [Iowa Department of Public Health, 2011]

Marijuana is already perceived as accessible to many young Iowans. 50% of 11th graders say it would be easy or very easy for kids their age to get marijuana in their neighborhood or community. [Iowa Youth Survey, 2010]

Marijuana is, by far, the most common illicit substance detected in workplace drug tests. During the most recent seven year period for which reports are available, 7,391 Iowa employees tested positive for marijuana, or 59.6% of all positive workplace drug test results. [Iowa Department of Public Health, 2008]

Marijuana is often used by methamphetamine users in Iowa. Many of the same criminal groups that smuggle meth into the State also bring and sell marijuana, and when conducting meth investigations Iowa law enforcement officers frequently find marijuana present too. [Iowa Department of Public Safety, 2010]

Marijuana does have the potential for abuse...It is a valid risk...There is a physiological dependence...When dealing with the raw marijuana, you can’t control the dose...It needs to stay a Schedule I because the product can’t be delivered in exactly the same way every time...If I had small children, I wouldn’t want them exposed to someone who is smoking it...There are abuses of marijuana in the states that have “medical marijuana” programs...Over 30% of the written comments we received were just people wanting to smoke pot. [Sampling of concerns voiced by Iowa Board of Pharmacy members on February 17, 2010]

U.S. Facts

The Institute of Medicine concluded that smoking marijuana is not recommended for any long-term medical use, and a subsequent IOM report declared, “marijuana is not modern medicine.”

The federal agency responsible for approving drugs as safe and effective issued an advisory stating it has NOT approved smoked marijuana for any medical condition or disease indication. It noted “there is currently sound evidence that smoked marijuana is harmful.” According to the Food and Drug Administration, voter measures on “medical marijuana” are inconsistent with efforts to ensure medications undergo the rigorous scientific scrutiny of the FDA approval process and are proven safe and effective under standards of the Food, Drug and Cosmetic Act.

A synthetic version of tetrahydrocannabinol (THC), the psychoactive ingredient in marijuana, already is approved by the FDA and legally available in pill form as Marinol, for use in amounts as prescribed by physicians whose patients suffer from pain and chronic illness.

Clinical trials on a mouth spray—called Sativex—containing THC and cannabidiol (CBD), a non-psychoactive ingredient in marijuana, have been completed and results are under review by the FDA. This formulation and delivery system may enhance pain relief, minimize unwanted side effects and regulate how THC enters the bloodstream.

The 2009 National Survey on Drug Use & Health (NSDUH) shows past-month marijuana use among 12-17 year olds rose 9% vs. 2008, coinciding with a softening of youth attitudes about marijuana risks. The 2006-2007 NSDUH State Estimates of Substance Use show perception of risk for smoking marijuana once a month among 12-17 year olds is lowest in 13 states with “medical marijuana” laws. Similarly, 10 of the 15 states with the highest percentage of past month teen marijuana users are states with “medical marijuana” laws. [White House Office of National Drug Control Policy, 2010/Partnership for a Drug-Free America, 2009]

The 2010 Partnership Attitude Tracking Study shows past year marijuana use rose 22% from the year before. This coincides with negative shifts in teen attitudes, particularly a growing belief in the acceptability of drug use. The study shows more teens—52%—agree “being high feels good,” more—71%—say “kids use alcohol because it is fun,” and fewer teens—30%—agree strongly they “don’t want to hang around drug users.” [The Partnership at Drugfree.org, 2011]

Marijuana smokers can have many of the same respiratory problems as tobacco smokers. Workplace studies associate workers’ marijuana smoking with 55% more industrial accidents, 85% more injuries, a 75% increase in absenteeism, more tardiness, more workers comp claims, and higher job turnover compared to non-smokers. [National Institute on Drug Abuse, 2009]

Long-term marijuana abuse can lead to addiction. When trying to quit, long-term marijuana abusers report irritability, sleeplessness, decreased appetite, anxiety, and drug craving, all of which make quitting difficult. [National Institute on Drug Abuse, 2009]

Marijuana legalization, for any purpose, remains a non-starter in the Obama Administration. [White House Office of National Drug Control Policy, 2009]

Marijuana seized now is more potent than marijuana of the 1960s and 1970s. THC levels of tested marijuana samples increased 103% from 1998 to 2008. This increase in potency makes marijuana a much more dangerous drug that can cause a host of physical and psychological problems, including addiction. [White House Office of National Drug Control Policy, 2010]